



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604

AID-LI-I48-A AMEND AGENCY APPOINTMENT

Name of Insurance Company: _____

Company NAIC Number: _____

Company Mailing Address: _____
P.O. Box or Street City State Zip

Agency Tax Identification Number: _____

Agency Name: _____

Agency Address: _____
P.O. Box or Street City State Zip

AMEND AGENCY APPOINTMENT TO ADD THE FOLLOWING AGENT:

Agent's Social Security Number: _____

Agent's Name: _____
Last First Middle

Agent's Address: _____
P.O. Box or Street City State Zip

Appointed for Lines of Authority: _____

To the Insurance Commissioner, State of Arkansas: This is to verify that the person hereby named, after investigation covering both character and fitness, has been duly appointed agent. We further recommend such agent as competent and trustworthy.

Dated _____

Authorized Company Representative

Typed or Printed Name

I, the undersigned, Insurance Commissioner for the State of Arkansas, do certify that the insurer has submitted to me satisfactory evidence that it has complied with all the requirements of the laws of the State of Arkansas governing such companies. I further certify that the agent has the authority to take risks and transact business for and on behalf of said company so far as they may be legally empowered, and for as long as they may be employed by the above agency.

Dated at Little Rock, Arkansas _____

Insurance Commissioner

THIS SUPPLEMENTS THE COMPANY'S APPOINTMENT OF THE ABOVE AGENCY ONLY, AND BECOMES VOID UPON TERMINATION OF AGENT'S EMPLOYMENT WITH THE AGENCY.

THIS APPOINTMENT MUST BE RETURNED TO THE STATE INSURANCE DEPARTMENT IN THE EVENT OF TERMINATION OR CANCELLATION.